

## Enrollment Form 457(b) Governmental

MassMutual Retirement Services  
PO Box 1583, Hartford, CT 06144-1583  
Fax Number: 860-843-3577

Group No: 150004		Social Security No:	
Employer: County of Placer		Dept/ Location:	
Employee Name: (Last, First, M.I.)			
Mailing Address:			
City:		State:	Zip:
		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone:	Work Phone:	Date of Birth:	Date of Hire:

### A. CONTRIBUTIONS

	\$ or % Amount	Frequency*	Annual Contribution	Total
Employee	<input type="text"/>	X <input type="text"/>	= <input type="text"/>	= <input type="text"/>

Current Annual Salary \$

☐ I am utilizing the plan's age 50+ catch-up provision

☐ I am utilizing the plan's pre-retirement catch-up provision.

My unused deferral limitation is \$

My anticipated retirement date is  /  /

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	<input type="text"/>

### B. SIGNATURES

I understand that all values provided by the contract, when based on investment experience of the above named investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount. Receipt of a currently effective variable annuity prospectus or disclosure document, whichever is applicable, is acknowledged. Further I wish to participate in the Deferred Compensation Plan and hereby agree to defer my right to receive compensation to the extent of the annual premium noted above. I understand and agree to the provisions contained in my Employer's Deferred Compensation Plan. Together with my heirs, successors, and assigns, I will hold harmless my Employer from any liability hereunder for all acts performed in good faith, including those related to the investment of deferred amounts and/or my Employer's investment preference(s) under my Employer's Deferred Compensation Plan. I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on the last page of this form.

Signed in the state of \_\_\_\_\_ on \_\_\_\_\_ Date

Participant Signature

This document has been received and accepted by the Plan Administrator.

Plan Administrator Signature Date

Printed Name of Registered Representative Registered Representative Signature

Registered Representative Tax ID/Producer Code

Selling Firm Name Selling Firm Tax ID

### C. INVESTMENT ELECTION

I elect to have all future contributions invested among the investment options I have selected below. I understand that this Enrollment Form is to be used to record my initial investment option election and may not be used for investment option transfers or investment option allocation changes. To make investment changes please call 1-800-528-9009 or visit [retire.hartfordlife.com](http://retire.hartfordlife.com)

#### SECTION 1

Selections must be in whole percentages totaling 100%.

☐ % UN American Beacon Small Cap Value ADV  
☐ % 7X American Funds New Perspective R3  
☐ % 5Y American Funds The Growth Fund of America R3  
☐ % UJ Artisan Mid Cap Value INV  
☐ % J7 Baron Small Cap  
☐ % 40 General Account  
☐ % DF Goldman Sachs Growth Opportunities A  
☐ % 1J Hartford Capital Appreciation HLS IA  
☐ % 1C Hartford Dividend and Growth HLS IA  
☐ % 1M Hartford International Opportunities HLS IA  
☐ % 1B Hartford Total Return Bond HLS IA  
☐ % 9E MFS International New Discovery A  
☐ % V4 Neuberger Berman Socially Responsive A  
☐ % UG Oakmark Equity and Income II  
☐ % 2T Putnam High Yield Advantage A  
☐ % V6 SSgA Dow Jones Target 2015(SM) Sec Lend A  
☐ % V7 SSgA Dow Jones Target 2025(SM) Sec Lend A  
☐ % V8 SSgA Dow Jones Target 2035(SM) Sec Lend A  
☐ % V9 SSgA Dow Jones Target 2045(SM) Sec Lend A  
☐ % VA SSgA Dow Jones Target Today Index(SM) SL A  
☐ % RJ SSgA Russell Small Cap Index Sec Lend II  
☐ % RG SSgA S&P 500 Index Sec Lend II  
☐ % RH SSgA S&P MidCap Index Non-Lend Series II

100%

All investment options may not be available in all jurisdictions.

Please consult your Plan Sponsor to determine which are available.

# Beneficiary Designation / Spousal Consent Form

## Form to Be Retained by Plan Administrator

Group Number:	Employer Name:
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Participant Name: <i>Last, First, M.I.</i>	Social Security Number:
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Are you currently married?

☐ No

☐ Yes

If you are married and designate your spouse as the Primary Beneficiary for less than 100% of your death benefit, your spouse must sign the Spousal Consent Agreement below, unless this consent is deemed not applicable by your Plan Administrator. If consent is applicable, you must also complete a QPSA waiver and spousal consent.

### BENEFICIARY INFORMATION

Upon the death of the Participant, all proceeds will be paid to the living beneficiaries in the order specified below. Only the Participant may change the designation. If you do not designate a beneficiary, or your beneficiary and spouse, if any, does not survive you, your death benefit will be paid according to the terms of the plan.

Primary Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit (whole percentage*)

PRIMARY TOTAL: 100%

Contingent Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit (whole percentage*)

CONTINGENT TOTAL: 100%

**Please see the following page for examples of proper beneficiary designations.**

**\* If the participant wishes to designate beneficiaries to share equally, then a percentage should not be listed.**

The execution and the delivery of this form to the offices of the Plan Administrator revokes all prior beneficiary designations that I have made. I understand that, if I am married, my spouse must consent in writing to the designation of any person as beneficiary other than my spouse. I understand that this beneficiary designation will not take effect until it has been received in good order by the Plan Administrator.

Participant Signature	Date
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### SPOUSAL CONSENT AGREEMENT (if applicable)

This notice will certify that, as spouse of the Participant named above, I have consented to my spouse naming the person(s) listed above as Primary Beneficiary(ies) of any death benefits provided by the Plan. I hereby waive any and all rights I may have received under the Plan had this Spousal Consent not been granted.

Spousal Signature	Date
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Signature of Witness (Plan Administrator or Notary Public)	Date
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## **Beneficiary Designation**

- A. If you are married, the Beneficiary you designate must be your spouse unless your spouse consents in writing, as witnessed by a Notary Public or the Plan Administrator, to designate another beneficiary.
- B. A married woman should be indicated by her given name, not that of her husband.  
For example, Mary N. Jones, not Mrs. John R. Jones.
- C. Please complete the Beneficiary Designation *including* name, Social Security number, relationship, and percentage of death benefit. The percent of benefit must total 100% for all primary beneficiaries named. If naming contingent beneficiary(ies) the total percentage for this designation must equal 100%. **If the participant wishes to designate beneficiaries to share equally, then a percentage should not be listed.**

Listed below are some common beneficiary designations:

One Primary Beneficiary: Jane Doe, wife, 100%

Two or more Primary Beneficiaries:

John Doe, son, 33%		John Doe, son,		John Doe, son, 33%
Carol Smith, daughter, 33%	<b>or</b>	Carol Smith, daughter,	<b>or</b>	Carol Smith, daughter, 33%
Mark Doe, son, 34%		Mark Doe, son		Mark Doe, son 34%
		<b><i>equally among the survivors</i></b>		<u>per stirpes</u>
				<b><i>(designates their share to their children)</i></b>

Contingent Beneficiaries:

John Doe, son, 33%		John Doe, son		John Doe, son, 33%
Carol Smith, daughter, 33%	<b>or</b>	Carol Smith, daughter,	<b>or</b>	Carol Smith, daughter, 33%
Mark Doe, son 34%		Mark Doe, son		Mark Doe, son 34%
		<b><i>equally among the survivors</i></b>		<u>per stirpes</u>
				<b><i>(designates their share to their children)</i></b>

Participant's Estate: Participant's Estate

Trustee: Jane Doe, trustee under trust agreement\* dated...

*\* If the word "trustee" is used in a Beneficiary designation, the date of the execution of the trust agreement or a copy of the trust agreement must be furnished.*